MASTER ELIGIBILITY LIST

School:	School Year:	
	Completed by:	
	Classroom/Homer	oom:

			Date		E	ligibility		Temporary	Transfer
	Name	٧	Approved	Fre		Reduced	Denied	Status	Out
				*App.	D.C.	Price		Expir. Date	Date
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*Application on File

D.C. (Direct Certification Students)

V - Place a checkmark (\checkmark) in this column if the application was selected for the verification process.

CEF/EL/OF/dvj/DirectCert-MEL

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